



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LIQUOR CONTROL DIVISION
 Telephone: (860) 713-6205
 Web Site: www.ct.gov/dcp/

APPLICATION FOR WHOLESALE SALES MAN CERTIFICATE

INSTRUCTIONS:

The individual applying for the certificate must complete this form. All spaces must be completed – **please print or type**. This application **must be accompanied by a check or money order in the amount of \$25.00**, made payable to: ***"Treasurer, State of Connecticut"***. Application fees are non-refundable.

***You must file an application for certificate not later than ten (10) days after the date of initial employment. If you change employers, you must refile with the Department of Consumer Protection within ten (10) days.**

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (First Name, Middle Initial, Last Name)			
Applicant's Street Address		City or Town	State Zip Code
Social Security Number	Date of Birth	Telephone Number (with area code)	
Are you a minor or a person who holds a position that would prohibit you from obtaining a liquor permit? (See CT General Statutes Section 30-45 for a list of such individuals) Yes No			
Have you been convicted of a felony crime or an alcohol related motor vehicle violation? Yes No If yes, attach a statement including the date(s) and nature of conviction(s), the court(s) where the case(s) were disposed of and a description of the circumstances.			
Wholesaler Employer Name			Date Hired
Street Address		City or Town	State Zip Code

I CERTIFY, UNDER PENALTY OF LAW THAT THE ABOVE PROVIDED INFORMATION IN THIS APPLICATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

 Signature of Applicant (Employee)

 Date

Subscribed and sworn to before me

Notary Seal

 Signature of Notary Public

 Date

 Signature of Employer (Officer or Authorized Agent)

 Date

Subscribed and sworn to before me

Notary Seal

 Signature of Notary Public

 Date